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Pabst Patent Group LLP  
400 Colony Square, Suite 1200  
1201 Peachtree Street  
Atlanta, GA 30361Telephone (404) 879-2150  
Telefax (404) 879-2160information@pabstpatent.com  
www.pabstpatent.com

## TELEFAX

Date: January 23, 2006

Total pages: 5 with fax  
cover

To: USPTO

Telephone:

Telefax: 571-273-8300

From: Michael J. Terapane

Telephone: 404-879-2155

Telefax: 404-879-2160

Our Docket No. CP 102

Client/Matter No. 085337-00009

Your Docket No.

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## MESSAGE:

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Jane C. Hirsh, Mark Hirsh, Kamal K. Midha, and Whe-Yong Lo

Patent No.: 09/858,016

Art Unit: 1616

Filed: May 15, 2001

Examiner: Sharmila S. Gollamudi

For: *PHARMACEUTICAL COMPOSITION FOR BOTH INTRAORAL AND ORAL  
ADMINISTRATION*Attachments:Transmittal Form PTO/SB/21;  
Fee Transmittal PTO/SB/17;  
Petition for Extension of Time PTO/SB/22; and  
Request for Continued Examination PTO/SB/30

PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

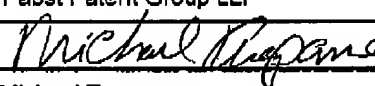
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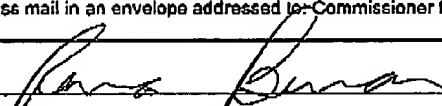
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/858,016	
	Filing Date	05/15/2001	
	First Named Inventor	Jane C. Hirsh	
	Art Unit	1616	
	Examiner Name	Sharmila S. Gollamudi	
Total Number of Pages in This Submission	4	Attorney Docket Number	CP 102

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<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Request for Continued Examination
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Michael Terapane		
Date	January 23, 2006	Reg. No.	57,633

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Ronna Berman	Date	January 23, 2006

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CP 102 / 085337-00009

PTO/SB/17 (12-04)

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Effective on 12/09/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).**FEE TRANSMITTAL**  
**For FY 2005**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 455.00**Complete if Known**

Application Number 09/858,016

Filing Date 05/15/2001

First Named Inventor Jane C. Hirsh

Examiner Name Sharmila S. Gollamudi

Art Unit 1616

Attorney Docket No. CP 102

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**METHOD OF PAYMENT** (check all that apply)☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify):☒ Deposit Account Deposit Account Number: 50-3129

Deposit Account Name: Pabst Patent Group LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) •

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	0	x	=			
HP = highest number of total claims paid for, if greater than 20						
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)			
- 3 or HP =	0	x	=			
HP = highest number of independent claims paid for, if greater than 3						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =		/ 50 =	(round up to a whole number) x	=

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other: Extension of Time - \$60.00 ; RCE fee \$395.00

Fees Paid (\$)

\$455.00

**SUBMITTED BY**

Signature	<i>Michael Terapane</i>	Registration No. (Attorney/Agent)	57,633	Telephone	(404) 878-2155
Name (Print/Type)	Michael Terapane	Date	January 23, 2006		

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